Nebraska Division of Behavioral Health
MQIT
August 28, 2012 / 9:00-10:00 a.m. CDT
DBH/Live Meeting

Meeting Minutes

I. Attendance *Heather Wood*

> Region I – Laura Richards, Cara Didier
> Region II – Kathy Seacrest
> Region III – Melinda Farritor, Ann Tvrdik
> Region IV – Ginger Marr, Amy Stachura
> Region V – Linda Wittmuss
> Region VI – Stacy Brewer, John Murphy, LuAnn Boehm, Joel Case
> Magellan – Lisa Christensen, Carl Chrisman, Don Reding
> DBH – Heather Wood, Robert Bussard, Ying Wang, Kelly Dick, Cody R Meyer
> GAP - Wanda Swanson

II. Welcome *Heather Wood*

- Heather welcomed attendees to the meeting; Roll call was taken.
- The group was reminded live meeting documents are not available indefinitely, so download them before or during the Live Meeting.
- Overview of agenda. No additions were requested.
- July 2012 MQIT minutes were approved. No additions or questions were noted.

III. Regional Questions/Discussion *Don Reding, Linda Wittmuss , Stacey Brewer, Heather Wood, Bob Bussard*

- ***Regions that have questions for Magellan should have these to Bob Bussard by the end of day Thursday, prior to the next scheduled MQIT meeting*** (Robert.bussard@nebraska.gov).
- Answers will be better addressed if Regions are able to submit their questions with examples or other details rather than generic questions.

- **QUESTION-R5-relayed by Bob:** Regarding backdating authorization and continued stay periods. Magellan might have a low number people that they're working with – what happens with units between date of re authorization and date of old authorization ending? Providers feel they are losing authorized units of service.
- **COMMENTS**: Region 5 clarified with an example – A reauth is sent in a couple weeks early and good till the end of August, but if some are sent a couple days before then it's like losing a couple weeks of the authorization time period.
- **ANSWER-**Don: Explained 3 parts to sending in reauths ahead of time: 1) To spread out reauths from agencies to prevent the hassle of so many coming in 2 days before they expire 2) Issue with edits to Medicaid system and avoiding complications with Auth Feed - how far in advance we can send a reauth. Best thing is to start the reauth on the date it was entered even if a week or so in advance of the original end date 3) Medicaid's edits on Community Support in particular – limit is 144 units in a 6 month period. If there was an auth started a week before the original end date that doesn't mean they are granted access to another 144 units. The service period is still pegged to the original start date. So it's important to keep track of original start date and base utilization off that start date.
- **QUESTION-R5:** The Community Mental Health Center of Lancaster County's records system is presumed not to be tracking original auth, so Don was asked to provide suggestions on improving accuracy and options for high utilizers. Perhaps add a field to display that original date.
- **ANSWER:** Bob suggested a yellow pad notation in the hard file especially for high utilizers, until a

new "perfect" claims system is implemented. Advise providers to give Magellan specific instances.

- **COMMENTS-R5 &3-relayed by Bob:** Idea of having a representative from Medicaid join the team in a future meeting to go over how claims, processing and rebuttals are made in their systems. Good opportunity to invite a claims adjudicator to come and give a power point presentation and answer questions.
- **QUESTION-R6:** Different options for reporting format because in pdf form it's difficult to drill down and send on information specific to providers, so perhaps a different format or a different provider specific route?
- **COMMENTS-Don:** Due to security issues can't use excel format on web-based reports. R6 is especially interested in Admission report, Annual report type of information and NOMs (quarterly) which they would like split up by individual providers. If providers could pull down information into pdfs for the web just for their individual agency this would be a step in the right direction. Don and Stacey Brewer will talk offline about this to figure out what some options.
- **ANSWER:** Ann sends out NOMs in 1 or 2 page reports on individual agencies sent out quarterly to providers.
  - o **Heather asked for tips on how Ann does that:** Ann remarked because some providers get overwhelmed she developed a table that shows data one can aggregate down to a number by provider, agency or region: a not so overwhelming, basic level.
  - o **Heather asked whether any other regions had examples regarding report usage:** Laura from Region 1 commented it was time consuming but found it beneficial to split up provider data and suggested Magellan isolate provider data (continue discussion off line).

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Continue to discuss splitting up provider reports	Don, Regions	Before next MQIT

IV. Magellan Updates

A. Report Discussion   *Lisa Christensen; Carl Chrisman*

The Queue System Call Waiting Time Report, Average Handle Time Report, Error Report, and the Appeals Report will be available each month as handouts via Live Meeting. Discussion will be limited to one report each month, unless a specific request is made to discuss another report.

Reports Discussion:
Average Handle Time Report- Brief Intro to Call Center Statistics (**Lisa Christensen**):

- There are 2 different queues: Customer Service and Care Manager Queue.
  Customer Service: July 2012 average handle time - 3:54
  Care Manager (where clinical reviews take place): July 2012 average handle time - 17:02
- An In Depth Intro on Care Manager Calls (**Carl Chrisman**):
  Talking about providers assisting with clinical reviews. At Magellan new full-time person came on board so times should be improving. Ideally to expedite a call, the caller should have their assessment and any printed information they have in front of them since a standard set of questions is asked of each caller.
- Pre-coded clinical notes are available on the MQIT web site (http://dhhs.ne.gov/behavioral_health/Pages/beh_mqit.aspx) and in the Provider Manual, Appendix A.
- A functional or rehabilitation assessment of some sort is needed to authorize MRO services. The thing that causes pause for Care Managers is the question "why now?" on MRO services. Identifying the baseline is as important as the "why now?" Referrals and knowing the event that preceded the admission is important information for establishing a quality treatment plan.
- Initial Rehab. Plan. Long call times can be the result of a caller being put on hold because they don't

have inforamation in front of them. Also more than one authorization taking place per call.
- Heather asked if we track that to increase apparent efficiency of calls. Carl said not currently but we know how many reviews per day a manager completes. Heather asked about feedback from regions regarding this queue process? R5-Linda: no major complaints but Crisis Center had concerns when having access to a specific care manager.

Additional discussion on Reporting Update is related to Protocol Update and Provider Manual Feedback in the next section.

V. <u>Other</u>

A. <u>Protocol Update and Provider Manual Feedback</u>   *Heather, Bob, Don*

- In July a review of questions –ones added to discharge and reregistration screens - was sent out. Asking particularly for feedback on type of default for "unknown" and "information unavailable" responses in the various fields.
- Reporting (Don Reding):
  Annual Report: not actually out on the web yet. If someone needs a report sooner than it's available send Don an email with a timeframe for when they need the report (DJReding@MagellanHealth.com)
- Add protocol updates in a new Appendix detailing how to answer information that is "not available." The protocols will also be in the content of the manual.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Annual Report changes uploaded to Website	Don Reding	When specified by person requested.
A new Appendix with protocols on how to answer "unknown" or "not available" and content will be added to the Provider Manual.	Bob Bussard	Uploaded by the next MQIT

VI. <u>Meeting Close</u>   *Heather, Group*

Call for September MQIT Agenda Items:
- Definitions of Living Situations on the NOMs. Clients in HUD apartments? Need further clarification and specific points.

- Next meeting: September 25, 2012, 9:00 – 10:00 a.m. CDT
- Adjourned at 10:00 a.m.

Minutes prepared by the Division of Behavioral Health, Nebraska Department of Human Services. Minutes are intended to provide only a general summary of the proceedings.